

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Of: )  
Saori KITAO, *et al.* ) Group Art No. To be assigned  
Serial No: 09/889,325 ) Examiner: To be assigned  
Filed: January 19, 2000 ) Docket No. 004276.00003

For: GENE CAUSATIVE OF ROTHMUND-THOMSON SYNDROME AND GENE PRODUCT

**SUPPLEMENTAL INFORMATION DISCLOSURE**  
**STATEMENT UNDER 37 C.F.R. § 1.97(b)**

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

Pursuant to their duty of good faith and candor as set forth in 37 C.F.R. § 1.56(a)  
Applicants submit herewith copies of documents cited on the attached Form PTO 1449.

Applicants respectfully request that the Examiner consider and enter these documents  
into the file of the above-identified application. No fee is believed to be due to ensure  
consideration and entry of the cited documents by the Examiner. However, if a fee is deemed  
necessary, the Commissioner is authorized to charge our Deposit Account No. 19-0733.

Respectfully submitted,

Sarah A. Kagan  
Registration No. 32,141

Dated: 01-18-02  
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PTO/SB/08B(10-01)

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Substitute for form 1449A/PTO

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT BY  
APPLICANT**

(use as many sheets as necessary)

Sheet

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***Complete if Known***

Application Number	09/889,325
Filing Date	January 19, 2000
First Named Inventor	Saori KITAO, et al.
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	004276.00003

## OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

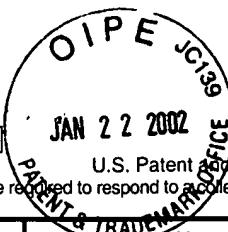
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<sup>1</sup> Unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/889,325
		Filing Date	January 19, 2000
		First Named Inventor	Saori KITAO, et al.
		Group Art	To be assigned
		Examiner Name	To be assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	004276.00003

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Form 1449 References</b>
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sarah A. Kagan, Reg. No. 32,141	
Signature		
Date	01-18-02	

### CERTIFICATE OF MAILING

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